

Name in Full

Certificate of Death

Oriece Halston

Died at

Town

County

On schooner Mornmaines in Chesapeake Bay MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

10

Age

Captain

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

44

Cause of

Primary

Paralysis of lower limbs

How long sick

Death

Immediate

Accident, Suicide, Homicide

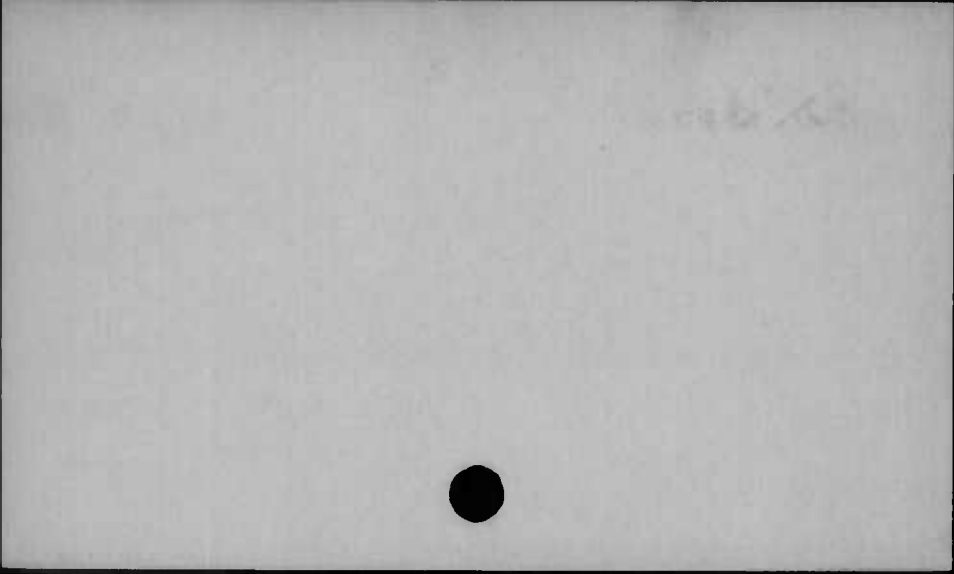
Reported by

Crisfield Times 10-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name In Full

Certificate of Death

Mary Walter

Died at ^{Town} Mt St Mary P.O. ^{County} Frederick MARYLAND

Date 189 ^{Month} June ^{Day} 19^{Y.} ^{Age} 37 ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Housekeeper

Male ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Widower} ^{Number of children living} Three

Female ^{Colored} ^{Single}

Husband of Felix Walter

Father's Name Mother's Name 22a

Cause of ^{Primary} Phthisis Pulmonalis ^{How long sick} six months

Death ^{Immediate} Struck from a child ^{Accident, Suicide, Homicide}

Reported by John B. Breen

Address Emmitsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ward

Died at *Savage* Town *Howard* County MARYLAND

Date 189 *8* Month *1* Day *16* Age *10* Native of *md* Occupation _____

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Number of children living~~

Husband of _____
Wife of _____

Father's Name *Geo. V. Ward* Mother's Name *Lessie Ward*

Cause of Death { Primary *Influenza* 9
Immediate *Effluvia*

How long sick _____
Accident, Suicide, Homicide _____

Reported by *J. W. Linticum M. D.*

Address *Savage md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband
of

Wife

Father's
NameCause of
Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

176129 Alfred J. Wellen
 Town Arlington County Balto

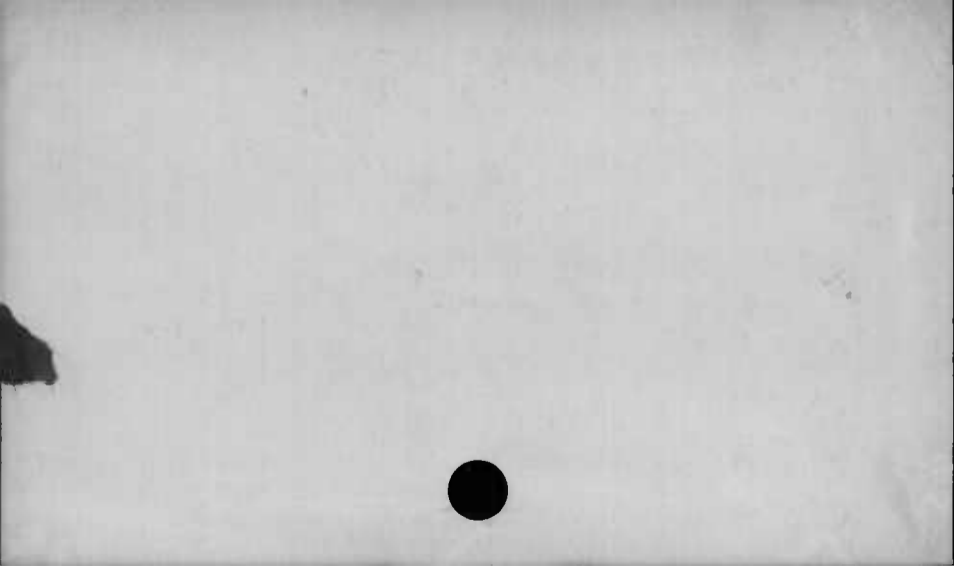
MARYLAND

Month Mar Day 22 Y. 10 M. 4 D. 19 Native of Md Occupation none
 Male White Married Widow Divorced None
 Female Colored Single Widower Number of children living None

Father's Name Jos. Wellen Mother's Maiden Name May Wellen

Cause of Death { Primary Pneumonia Immediate None
 How long sick 10 days
 Accident, Suicide, Homicide

Reported by Edwin E. Jones
 Address Arlington Md



Died at *Edgar* ^{Town} *White* ^{County} *Recey* **MARYLAND**

Date 189 *8* ^{Month} *Apr.* ^{Day} *29* ^{Y.} ~~Y.~~ ^{M.} ~~M.~~ ^{D.} *30* ^{Native of} *E. Md.* ^{Occupation}

~~Male~~ ^{Female} ~~Widow~~ ^{Widower} ~~Married~~ ^{Single} ~~Divorced~~ ^{Number of children living}

Husband of *Richd. White* ^{Wife} *Clara White*

Father's Name *Richd. White* ^{Mother's Name} *Clara White*

Cause of Death { ^{Primary} *not known* ^{Immediate} *Spasms* ^{How long sick.} *3 days.* ^{Accident, Suicide, Homicide}

Reported by *B. Brownwell* *Wm. D.*

Address *E. Md.* *161*



Name in Full

Certificate of Death

Mrs. Lizzie Whitney

Died at

Cordova
Town

Talbot
County

MARYLAND

Date 189

10th Month *28* Day

Y. M. D.

Native of

Occupation

Age *53*

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Do not know

Mother's

Name

Do not know

Cause of

Primary

Phtisis Pulmonalis

How long sick

3 years

Death

Immediate

[Asthma]

22 a

Accident Suicide Homicide

Reported by

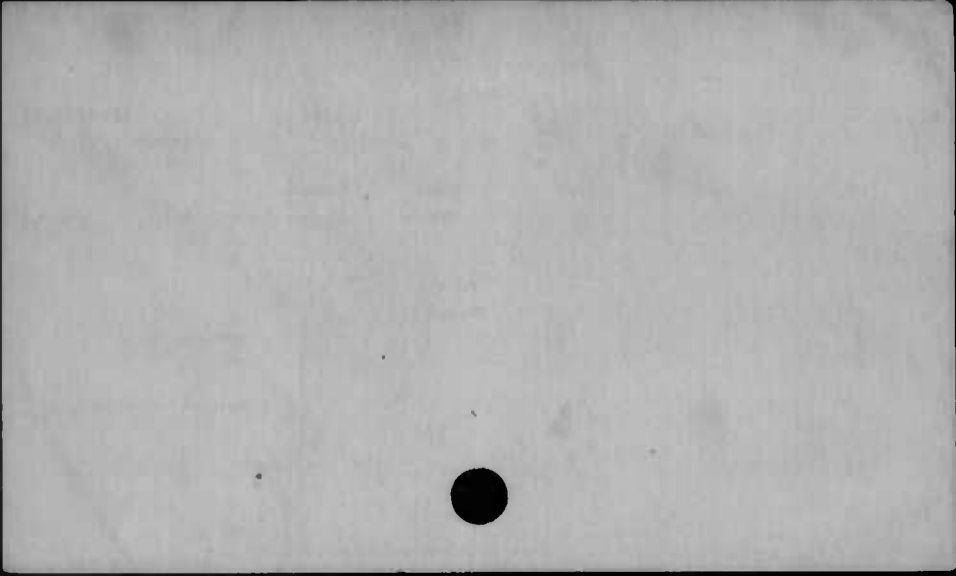
E. M. Blott M.D.

Address

Cordova Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, GSEP



Name In Full

Certificate of Death

Nettie V Weeks

Died at ^{Town} *Pocomoke city* ^{County} *Worcester*

MARYLAND

Date 189 *May 25* Month *May* Day *25* Age *11* Y. *2* M. *3* D. *3* Native of *Pocomoke* Occupation *child*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband
of
WifeFather's
Name *Irvin W Weeks*Mother's
Name *Amanda Weeks*

Cause of Death { Primary *Tuberculosis* How long sick *about a year*

Death { Immediate *Exhaustion 22a* Accident, Suicide, Homicide

Reported by *Mum & Lucas*Address *Pocomoke city Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 189

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Willitt Child
 Town of Ocean City County Worcester
 Date 1897 July 12
 Male White Married Age 3 weeks Native of Maryland Occupation
 Female Colored Single Widower Number of children living

MARYLAND

Mother's
Name

How long sick 3 weeks

Accident, Suicide, Homicide

Reported by L. J. Evans undertaker
 Address Reister md

Attended by Dr.

Pull Jones *Dr*

of

Seen by Coroner

of

Information contained in this certificate received

from

of

C. J. E

Name In Full

Certificate of Death

Genevra Williams.

Died at ^{Town} Bethesda ^{County} Mont. Co., MARYLAND

Date 189 ^{Month} Aug. ^{Day} 7 - Age 2-24 ^{Native of} America ^{Occupation} _____

~~Male~~ White ~~Married~~ ^{Widow} ~~Divorced~~
 Female ~~Colored~~ Single ^{Widower} Number of children living _____

Husband of _____

Wife _____

Father's Name Unknown Mother's Name Unknown

Cause of Death { Primary ^{How long sick} ~~Castro - Enteritis~~ ^{difetune}
 Immediate 82 Accident, Suicide, Homicide

Reported by J. R. Wellington

Address 1335 N. St. - Wash D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

Glennie Williams

Died at ^{Town} Chambersburg - ^{County} Allegany -

MARYLAND

Date 189 ^{Month} July ^{Day} 24 th ^{Y.} ^{M.} ^{D.} 6 ^{Native of} Chambersburg ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ~~Widow~~ ~~Divorced~~
^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ~~Number of children living~~

Husband of _____
 Wife _____

Father's Name Wm Williams Mother's Name Jennie Lynne

Cause of Death { Primary Enterocolitis 82 How long sick 2 weeks
 Immediate Congestion of Brain ~~Accident Suicide Homicide~~

Reported by E. B. Claybrook M.D.

Address Chambersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF CONGRESS



Name in Full *Johnathan Williams*
 Died at *Olney* Town *Montgomery* County *MARYLAND*
 Date 189 *8* Month *2* Day *12* Age *55* Y. *4* M. *12* D. Native of *Maryland* Occupation *Merchant*
 Male *White* Married *Widow* Divorced *Female* *Colored* *Single* *Widower* Number of children living *one*
 Husband *of Georgia Williams* Mother's Name *97*
 Cause of Death { Primary *Intestinal infarction* Immediate *Heart failure* How long sick *2 years*
 Reported by *Roger Brooke* Accident, Suicide, Homicide
 Address *Sandy Spring Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at *Darnestown* *Montgomery* *Co* *MARYLAND*
 Town County
 Month Day Y. M. D. Native of Occupation
 Date 19 *1901* Age *28* *1901* Labor
 Male Female White Colored Married Single Widower Divorced
 Number of children living

Husband of *None*
 Wife
 Father's Name *Not Known* Mother's Name *Frances*
 Maiden Name *Wilson*
 Cause of Death { Primary *Heart disease* How long sick *10 days*
 Immediate *10-2-01* Accident, Suicide, Homicide

Reported by *E. H. Etchison M.D.*
 Address *Gaithersburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at		Town Mount Savage		County Blacksburg		MARYLAND	
Date 189		Month June	Day 8	Y. 18	M. 5	D. 18	Native of
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		Wife		Divorced		Number of children living	
Father's Name		Thomas Winburner		Mother's Name		Ida Winburner	
Cause of		Primary		Ruptured from Birth		How long sick	
Death		Immediate		137		Accident, Suicide, Homicide	
Reported by		Graham V C Undertaker					
Address		Mount Savage M, D.					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75000

Attended by Dr. _____

of _____

Sent by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Mary A. Wiener

Town

County

Died at Union Mills

Carroll

MARYLAND

Date 189 1 Sept 19

Month

Day

Age 46 Y. M. D.

Native of

Occupation

Housewife

White

Married

Widow

Divorced

Widower

Number of children living

3

Female

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joshua A. Wiener

Mother's

Name

Pneumonia 72

How long sick

12 days

Heart failure

Accident, Suicide, Homicide

Chas. R. Foutz, M.D.

Westminster Md.



Name in Full

Certificate of Death

Matilda Wood

Died at ^{Town} Redds Corner ^{County} Alb. Co MARYLAND

Date 1898 ^{Month} March ^{Day} 12 ^{Age} 70 ^{Y.} + ^{M.} + ^{D.} ^{Native of} Charles Co, Md ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~

^{Female} ~~Colored~~ ~~Single~~ ~~Widower~~ ^{Number of children living} 4

Husband of ^{Wife} Not known

Father's Name ^{Mother's Name}

Cause of Death { ^{Primary} Old age ^{Immediate} Dysentery

How long sick

Accident, Suicide, Homicide

Reported by John L. Wadling

Address Clinton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Thos E Wood

Town

Memoria

County

Frederick

MARYLAND

Died at

Date 1898 8 1 19

Month

Day

Y.

M.

D.

Age

56

Native of

Hus Co

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Mary E. Wood

Wife

Father's

Name

J. Gruber Wood -

Mother's

Name

Cause of

Primary

Consumption

Death

Immediate

22a

How long sick

2 or more years

Accident, Suicide, Homicide

Reported by

Dr J W Downey

Address

New Market

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Pr. George's Evangelists 12-16

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72706



Name In Full

Certificate of Death

Died at

Date 189

Male
FemaleHusband
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mingo Wright

Town

County

Chance Somerset

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

June 14

Age 66

Med

Crytstman

Married

Widow

Divorced

~~White~~

Colored

~~Single~~

Widower

Number of children living

One

Elizabeth Wright

Mingo Wright

Mother's

Name

Fannah Wright

Primary

Apoplexy 42

How long sick

Immediate

General Collapse

Accident, Suicide, Homicide

J. H. Alexander M.D.

Beach Island Somerset Co

LIBRARY BUREAU, 7/19/08

